To prevent heat illnesses, a high index of suspicion should be maintained during a heat wave or while using unacclimatized workers in heavy labor. Employers should measure wet bulb globe temperature index (which correlates with deep body temperature) and plan work schedules within permissible threshold limit values [3]. In this respect, the workers' compensation insurer can provide critical technical know-how to its insureds; this will reduce heat-related injuries and claim expense.

We hypothesize that the observed thrombocytopenia and leukopenia were caused by thermolysis since they were noted on the first day of heat exhaustion and progressively improved. Circulating platelets and neutrophils have a relatively short life span of 10 days and 10 hours, respectively [4]; this may explain their prompt replenishment from bone marrow. Although thrombocytopenia (with disseminated intravascular coagulation) is often observed in heat stroke [1,5], this is the first report of this potentially serious complication in a mild heat illness.

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Factor XI Deficiency in a Bedouin Family

To the Editor: Factor XI deficiency is frequent (1 in 190 individuals) in Jewish people of Ashkenazi descent. It is inherited as an autosomal incompletely recessive trait and was first described by Rosenthal et al. [1]. Factor XI deficiency has also been reported in non-Jewish patients, at an extremely rare frequency of about 1 per million population [2]. Three distinct mutations (types I, II, and III) have been identified in the factor XI gene in Ashkenazi Jews and the genotypes fully defined [3]. The frequency of types II and III defective alleles was 49% and 47%, respectively. No type I mutation was observed. The distribution of mutant alleles is significantly different between Jewish and non-Jewish populations, with undefined mutations accounting for 84% in non-Jewish patients [4].

A 22-year-old Bedouin woman whose parents are first cousins was admitted because of vaginal bleeding during the fourth month of her first pregnancy. There were no prior bleeding episodes. No abnormal physical findings were found. Coagulation studies were performed using the MLA Electra 900 C instrument (Medical Laboratory Automation, Pleasantville, NY). Prothrombin time was 11.3 seconds (normal, 12–14 seconds). Partial thromboplastin time was 82.9 seconds (normal, 32–34 seconds). No inhibitor was found. Factors VII and XII activities were normal. Factor XI activity was 0% (normal, 50–130%). The bleeding stopped after fresh frozen plasma (FFP) transfusions. FFP transfusions preceded the labor, and the delivery was uneventful.

TABLE I. Family Data

Family member examined	Age (yr)	Factor XI activity (%)
Mother	48	42.1
Propositus	22	0
Sister	18	43.3
Sister	16	22.4
Sister	13	59.1
Brother	11	30.5
Brother	9	1

The family was examined and the data are presented in Table I. In addition, the mutation type was established by Prof. Uri Zeligson from the Sheba Medical Center (Tel Hashomer, Israel) and found to be type II mutation.

Thus, factor XI deficiency, type II, should be sought in Bedouin as well as Jewish families.

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Hemorrhagic Cystitis Associated With BKV in Patients With Refractory Acute Lymphoblastic Leukemia

To the Editor: We wish to describe three cases of hemorrhagic cystitis (HC) associated with polyomavirus BK (BKV) viruria in patients with severe immunodepression because of refractory or relapsed acute lymphoblastic leukemia (ALL).

From June 1987 to July 1993, 55 patients with refractory or relapsed ALL received as salvage treatment the Hi-COAP regimen [1], consisting of vincristine, 2 mg given as an iv bolus injection on day 1, cyclophosphamide (CY) 350 mg/m^2/day by continuous iv infusion for 7 consecutive days, ARA-C 100 mg/m^2 iv bolus every 12 hours from day 1 to day 7, and prednisone 100 mg daily by mouth for 7 days and then tapered over 3 days. All patients were meant to receive a second course with the same schedule at recovery of blood counts. MESNA prophylaxis was not routinely performed since patients were considered to be at low risk of HC with the